Topic 14: *Physical Restraint Reduction for Older Adults*

Competencies

1. Define physical restraint and describe the characteristics of restraint use.
2. Identify the older adults most at risk of being physically restrained.
3. Discuss myths and facts about physical restraint use.
4. Describe morbidity and mortality risks associated with physical restraint.
5. Discuss the reasons most frequently given by health professionals for utilizing physical restraint.
6. Plan the nursing care of older adults, utilizing nonrestraint strategies.

Note: Chemical restraints are not covered in this Topic. See Topic 13, Polypharmacy of Older Adults.

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Content Outline*

1. Define physical restraint and describe the characteristics of restraint use.

Physical restraint is defined as the use of any manual/physical/mechanical device that the restrained person cannot remove. The device:

- restricts the person's activity or normal access to his or her body;
- is not a usual and customary part of the diagnostic or treatment procedure indicated by the person's medical condition or symptoms;
- does not serve to promote the person's independent functioning.

Restraints can be dangerous in and of themselves.

Types of physical restraints include; wrist and leg restraints, wheelchair safety bars, vest restraints, mitts, chairs with lapboards, beds with siderails, and bedsheets.

Despite standards aimed at minimal or no restraint use, approximately 15% of nursing home residents spend a portion of the day in restraints, or confined inappropriately by siderails. In acute care, 6% to 17% of adults are restrained.

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Content Outline

Among older patients, the incidence of restraint is higher. It increases to 18% to 20% among those aged 65 years or older, and up to 22% for those aged 75 years or older.

Of older patients who fall, 13% to 47% are physically restrained.

Serious injuries from falls are greater when the persons who fall have been placed in physical restraints.

Among restrained patients, 20% to 50% demonstrate significant depression, agitation, confusion, withdrawal, or anger as a result of restraint use.

2. Identify the older adults most at risk of being physically restrained.

Older adults who present with:

- Unsteady mobility or incidents of falling.
- Greater severity of illness or multiple debilitating conditions.
- Cognitive impairment
- Physical impairment (including posture and body alignment)
- Psychiatric condition
- Recent surgical procedure.
- Medical devices that restrict mobility (i.e., intravenous lines).

3. Discuss myths and facts about physical restraint use.

Myth: "The old should be restrained because they are more likely to fall and seriously injure themselves."

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Content Outline

Fact: Restraints do not remove the risk of falls and serious injuries.

Myth: "The moral duty to protect from harm requires restraint."

Facts: Physical restraints, applied in the belief that they protect clients, have no known therapeutic value and may be hazardous.

"Protecting" older adults with physical restraints places them at risk for numerous short- and long-term physical, psychological, and behavioral consequences.

Myth: "Failure to restrain puts individuals and facilities at risk for legal liability."

Facts: Federal and state regulations restrict use of physical and chemical restraints for nursing home residents; JCAHO guidelines limit use of restraint and seclusion in hospitals and other health care facilities.

To hold a professional liable requires evidence that minimum standards of practice have been ignored or violated.

Myth: "It doesn't really bother older people to be restrained."

Fact: Interviews with restrained older people reveal a range of responses to restraint: anger, fear, humiliation, resistance, discomfort, demoralization, resignation, and denial.

Myth: "We have to restrain because of inadequate staffing."

Facts: Many facilities have eliminated or reduced restraint use, without increases in staffing.

Content Outline

More time is required to care for restrained clients. They must receive more frequent inspection, release, exercise, use of toilet, monitoring, and evaluating than those who are not restrained.

Myth: "No interventions, other than physical restraint, are available."

Facts: Interventions for meeting clients' needs are available and have been successful in eliminating physical restraints.

Four categories of individualized interventions are available:

1. Physiologic approaches.
2. Psychosocial approaches.
3. Activity and exercise programs.
4. Environmental modification.

4. Describe morbidity and mortality risks associated with physical restraint.

A. *Short-Term Complications:*

- Hyperthermia.
- New-onset bowel and bladder incontinence.
- Pressure ulcers.
- Increased risk of nosocomial infections, pneumonia.
- Decreased appetite.
- Constipation.
- Pneumonia and respiratory complications.

B. *Severe or Permanent Injuries:*
   - Brachial plexus nerve injuries.
   - Joint contractures.
   - Hypoxic encephalopathy.
   - Deconditioning.
   - Psychological (social isolation, confusion, aggressiveness, anger, poor self-image, apathy).

C. *Most Serious:*
   - Death from strangulation.

5. Discuss the reasons most frequently given by health professionals for utilizing physical restraint.

A. Prevent falls

B. Protect medical devices and provide necessary medical treatments.

C. Legal and family pressure

D. Control disruptive behaviors, such as agitation, wandering, or combativeness.

E. A combination of any of the above.

6. Plan the nursing care of older adults, utilizing nonrestraint strategies.

A. Establish restraint-free care as the standard for older adults.

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Content Outline

B. Develop a nursing care plan tailored for each person's presenting problems, risk factors, and needs.

C. Use adaptive equipment for impaired mobility; institute physical and occupational therapy to restore or maintain independent function; increase endurance, gait, and balance training.

D. Institute appropriate fall prevention strategies. Confused older adults feel safer when a staff person or family member is in the room.

E. Use appropriate management strategies to treat behavioral symptoms (screaming, agitation, wandering).

F. Institute alternatives or modifications, as appropriate to medical devices (i.e., hep-lock versus continuous intravenous).

G. Incorporate family/surrogates into treatment plan, especially when caring for confused older adults.

H. Become familiar with statistics and institutional guidelines, policies, and procedures regarding restraint use. Evaluate compliance at unit and institutional levels.

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Case Study

Ms. S, has been a nursing home resident for one year. She has Alzheimer's disease (early stage) and is mildly confused. Over a period of three months, Ms. S lost considerable weight and, despite the staff's efforts to improve her nutritional intake, has continued to refuse most foods and fluids.

Ms. S was eventually evaluated and treated in the hospital for a duodenal ulcer. She has been readmitted to the nursing home but continues to refuse food. Staff members notice that she is becoming weaker and less mobile, and her skin is beginning to show early signs of pressure ulcer formation. The staff and Ms. S's family had collaboratively made the decision to begin a trial of nasogastric tube feeding. On numerous occasions, the nasogastric tube was found lying on the floor at the bedside; subsequently, wrist restraints were applied. Ms. S is no longer mildly confused; instead, she is distressed to the point of being hostile and aggressive with the staff. Her overall confusion is noticeably worse.

Ms. S eventually had a gastrostomy tube inserted. Shortly after the tube was placed, the staff found Ms. S picking at the tube site.

Ms. S's health status has deteriorated. She has become less mobile and resists any attempts to transfer her to a chair or ambulation. She developed bilateral pneumonia and related hypoxia, and was transferred to an acute care facility. She is currently intubated and has been placed on a respirator for ventilatory support. The night nurse found Ms. S pulling at her endotracheal tube after removing the adhesive tapes from her face.

Ms. S was transferred back to the nursing home with a tracheostomy tube leading to a T-piece for supplemental oxygen. A gastrostomy tube remains in place for enteral nutrition.

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Experiential Activities/ Clinical Experiences

Activity
Advocate for volunteer "hospital partners" to sit with confused older adults who are without available family.

Clinical Strategies

1. *Create Care Plan:* In any health care setting, identify an older adult with some risk factors for physical restraint. Plan care for that individual, establishing restraint-free care as a standard. Outline specific individualized strategies.
2. *Discuss:* What other strategies can be used instead of restraints?
3. *Ethics Forum:* Attend an ethics forum at which restraints are discussed.

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Evaluation Strategies

A. Case Study Questions

1. Ms. S's nasogastric tube was found lying on the floor. Identify approaches that might be used to decrease or eliminate (a) Ms. S's attempts to dislodge the tube and (b) physical restraint.
2. Ms. S was observed to be picking and pulling at the gastrostomy tube. Share ideas about responses to this new situation.
3. Ms. S was found pulling at her endotracheal tube, and the adhesive strips were already removed from her face. Discuss possible responses to pulling at the endotracheal tube and possible extubation.
4. Ms. S pulled at the tracheostomy ties until the ties came undone, dislodging the dressing. Identify approaches that can be used to eliminate interference with the tracheostomy and dressings.

B. True or False Questions

True 1. A physical restraint is a device that restricts a person's mobility and/or normal access to his or her body.

False 2. Physical restraints will prevent a person from falling.

False 3. Physical restraints are the safest intervention for protecting medical devices used on older adults.

Evaluation Strategies

False 4. Most older adults who have been physically restrained do not suffer any psychological trauma from the treatment.

True 5. Confused older adults are more at risk for physical restraint than older adults who are not confused.

True 6. The older the person is, the more likely he or she will be physically restrained.

True 7. Restraint-free care is the standard for nursing care of older adults.

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